HAIL OF NO	ORTH CAROLINA		File No.	
	County		In The G	eneral Court Of Justice
ne Of Plaintiff/Petitioner ne Of Defendant/Responde	ent	-		OF IDENTITY OF DEPOSIT
NOTE TO CLER	RK: For bookkeeping purposes	only; not to be p	laced in pub	olic file.
certify that: 1. I am or represent an upset be a person a in county.) a personal a personal a judgmen a person county. Other: (spe	pidder in the above referenced matter. authorized under G.S. 7A-111 to deposit authorized to deposit funds with the Clerk County Case Number of the Clerk of Superior Clerk of	c of Superior Court underr r under G.S. 28A-23-2 Superior Court.	nder a court orde <i>(attach copy</i> 2.	er dated of order if from a different
3. The identifyin a. Name And A		North Carolin. Name Of Firm Date Of Birth Tax ID/Social	a Attorney Bar No. n Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A	Address Of Attorney Address	North Carolin. Name Of Firm Date Of Birth Tax ID/Social Date Of Birth	n	
3. The identifyin a. Name And A	Address Of Attorney Address	North Carolin. Name Of Firm Date Of Birth Tax ID/Social Date Of Birth	n Security Number	Telephone Number
3. The identifyin a. Name And A b. Name And A c. Name And A	Address Of Attorney Address Address VERIFI	North Carolina Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social	Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A b. Name And A c. Name And A	Address Of Attorney Address Address VERIFI Ling first duly sworn, say that I have read this	North Carolina Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social	Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A	Address Of Attorney Address Address VERIFI	North Carolina Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social CATION certification and the con	Security Number Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A b. Name And A c. Name And A	Address Of Attorney Address VERIFI Ling first duly sworn, say that I have read this D TO AND SUBSCRIBED BEFORE ME	North Caroling Name Of Firm Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social CATION Certification and the continue Date Date Of Birth Date Of Birth	Security Number Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A b. Name And A c. Name And A c. Name And A c. work with the undersigned, be a work work work firmer.	Address Address VERIFI Fing first duly sworn, say that I have read this D TO AND SUBSCRIBED BEFORE ME Signature Of Person Authorized To Administer Oaths Assistant CSC Clerk Of Superior Court	North Caroling Name Of Firm Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social CATION Certification and the continue Date Date Of Birth Date Of Birth	Security Number Security Number	Telephone Number Telephone Number
3. The identifyin a. Name And A	Address Of Attorney Address VERIFI Fing first duly sworn, say that I have read this D TO AND SUBSCRIBED BEFORE ME Signature Of Person Authorized To Administer Oaths	North Caroling Name Of Firm Name Of Firm Date Of Birth Tax ID/Social Tax ID/Social CATION Certification and the continue Date Date Of Birth Date Of Birth	Security Number Security Number	Telephone Number Telephone Number